

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

273
FILED DEC 28 1962

178

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Marys Twp. | | c. CITY OR TOWN Patton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 51 South | | d. STREET ADDRESS (If outside, give location) Patton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Donald Middle E. Last Welker | | 4. DATE OF DEATH Month 12 Day 11 Year 62 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-23-36 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft | 11. BIRTHPLACE (City and state or country) Patton, Mo. |
| 13a. FATHER'S NAME Julius Welker | | 14. NAME OF HUSBAND OR WIFE Loretta Welker | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chest after motorcycle DUE TO (b) Colonel of Perry County, Mo. DUE TO (c) [REDACTED] | | 17. INFORMANT Address Mrs. Loretta Welker, Patton, Mo. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Overturned Car on descent | |
| 20c. TIME OF INJURY Hour 12:45 p.m. Month, Day, Year 12-11-62 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Colonel of Perry County, Mo. | | 20f. CITY, TOWN, OR LOCATION. Patton COUNTY Mo STATE Mo | |
| 21. I attended the deceased from Colonel of Perry County, Mo. to Colonel of Perry County, Mo. last saw her/him alive on Colonel of Perry County, Mo. Death occurred at 12-4-62 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) Colonel of Perry County, Mo. | | 22b. ADDRESS Patton, Mo. | |
| 22c. DATE SIGNED 12/12/62 (State) | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-14-62 | 23c. NAME OF CEMETERY OR CREMATORY Reagans Chapel Cem. | 23d. LOCATION (City, town, or county) Bollinger County, Mo. |
| 24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville Mo | | 25. DATE RECD. BY LOCAL REG. 12-14-62 | 26. REGISTRAR'S SIGNATURE Joe J. Joellner |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 4 1963

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wallace Young

Licensed Embalmer No. 4027

P. O. Address

Perryville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.